

III. DRAWING THE HOUSEHOLD MAP AND ADMINISTERING THE NICOTINE MONITOR PLACEMENT/SAFETY OBSERVATION DETERMINATION FORM

A. Overview

A key component to the home visit assessment is the administration of the *Nicotine Monitor Placement/Safety Observation Determination* form and the drawing of the household map on the *Map of House and Rooms* form. These activities are designed to capture information to determine the location of the nicotine monitor placement and in which rooms you will conduct the home safety observation (if the mother consented to the observation). Therefore, both activities will occur during the beginning of the Home Visit A after you have reviewed the *Home Safety Observation Participant Consent Form* with the mother and she has signed the form (or not). Keep in mind that the *Home Safety Observation Participant Consent Form* is only for the home safety observation; therefore, even if the mother refuses to sign the consent form, you may still complete all other activities (except for the home safety observation).

B. Drawing the Household Map during the Baseline Home Visit A

You will draw the household map using the *Map of House and Rooms Baseline* form during baseline Home Visit A. A copy of this form is included at the end of this chapter. You may explain to the mother:

The reason for my visit today is to collect information that will help you to protect your newborn baby from safety risks in your home and exposure to cigarette smoke from you or other people who smoke. First, I need to draw a map of your house that shows the location and size of the different rooms in your house. Then we will label each room, for example, living room, kitchen, bedroom, etc. Then, I will ask you a few questions about who lives with you and:

- *In what rooms you and the other people living in your house spend the most time;*
- *In what rooms you or other people are most likely to smoke the most cigarettes; and*
- *In what rooms you think your new baby will spend the most time during the first year of life.*

Drawing a map of your home and answering these questions will help us figure out where it might be best to put the nicotine air monitors and to look for any safety hazards that might cause harm to your newborn infant and any other children living in your home. The information we collect today, and at each of our next visits, will be shared with your Infant Health Advisor. Depending on which program you are selected to receive, she will provide you with feedback and assistance in ways to improve your new baby's health and safety.

C. Instructions for Drawing the Household Map

On the *Map of House and Rooms Baseline* form, you will first affix the subject ID label and record "Today's Date." Then, circle the number of floors in the house being used by the family, including the basement and attic (if those areas are considered to be living areas for the family). Do not include separate rental units in the house (e.g., the basement, or third floor) if those renters

do not have access to the main living areas of this home (e.g., they have a separate entrance and do not use the bath, kitchen, living area)

You will need to complete a drawing of each floor in the house (e.g., the first, second, third floors, etc. To draw the map, start with the entry level floor of the house, or the floor where you and the mother are sitting when you first walk into the home. Complete that floor entirely, before moving on to the next floors so that the mother feels comfortable with what you are doing. Also, after drawing each floor and the rooms, you will need to indicate (1) the height of the room using a laser measuring device and (2) for each room on the floor, you will need to indicate the number you have assigned to the room, the name of the room (according to the mother), and the dimensions of the room, i.e., room length and width. *Exhibit III-1* shows an example drawing of a map for a house with two floors

Step 1 Sketch home floor plan in pencil. Be sure to draw the first/bottom floor of the house on page 1; the second floor on page 2, etc.

Step 2 Use highlighter pen to outline “rooms.” The definition of a “room” is:

- Four walls and a ceiling (including screened)
- No open doorways wider than three feet.

If two areas in the home (i.e. kitchen and family room) are NOT separated by FOUR WALLS AND A CEILING (e.g., there is a pass through window between rooms, or a counter that divides the rooms with an opening in between), or any open doorway between them is greater than three feet wide (e.g., where a door is not able to close), make a note of this on the map., this area will be considered as ONE ROOM. However, when you assign this room a number, (see Step 4 below) you will assign each distinct area, using “A” and “B”. So, if the room is to be number 4, one area would be 4A and the other area would be 4B. With the mother’s help, document a description of each area (see Step 3 below).

Outdoor porches or patios which do NOT have four walls AND a ceiling are considered as OUTDOOR locations at the home.

A porch or patio area will be considered as an INDOOR location if it has FOUR WALLS AND A CEILING. This includes screened walls and screened roofs.

Step 3 Show the map to the mother, and with her help label or describe each “room” (ex: kitchen/family room).

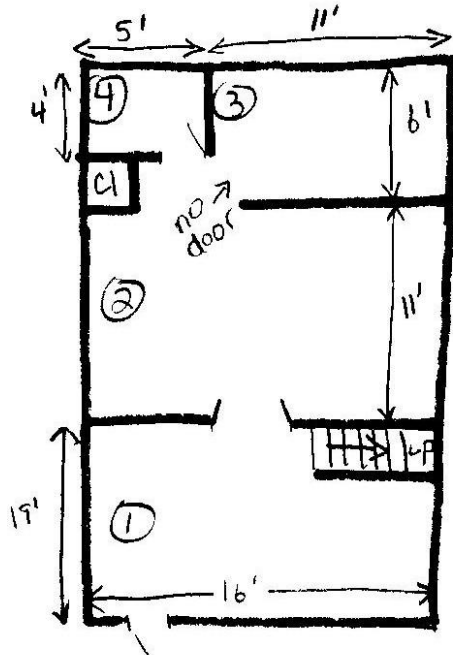
Step 4 Give each room in the house a unique number. For example, if there are 7 total rooms including the bathroom and kitchen, your numbers should range from 1-7. Start with the first floor, and then go up from there. From now on, this number will be considered the Map Code #.

Step 5 Measure the length and width of each room using laser pen and write room dimensions on map.

Step 6 Discuss with mother, pointing out areas of the home which function as “rooms” for purposes of answering questions.

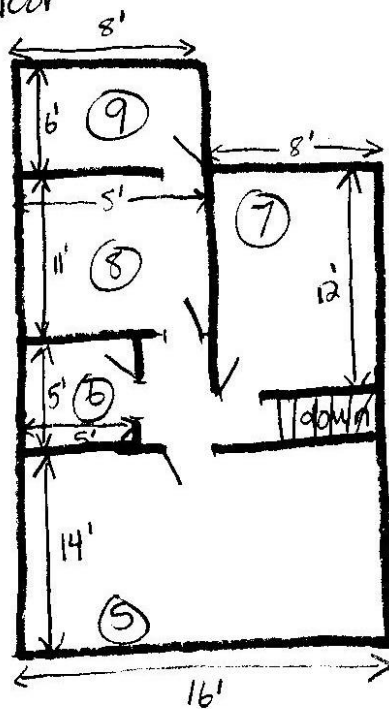
Exhibit III-1

* 1st Floor



- ① Living room 19' x 16'
- ② Dining room 11' x 16'
- ③ Kitchen 6' x 11'
- ④ ½ bath 4' x 5'

* 2nd Floor



- ⑤ Mother's room 14' x 16'
- ⑥ bathroom 5' x 5'
- ⑦ baby's room 12' x 8'
- ⑧ other bedroom 11' x 8'
- ⑨ enclosed porch 6' x 8'

D. Administering the Nicotine Monitor Placement/Safety Observation Determination Form at Baseline

After completing the household map drawing, you must then administer the *Nicotine Monitor Placement/Safety Observation Determination Form-Baseline* form. A copy of this form is included at the end of this chapter. The purpose of this form is to obtain information regarding the (1) household composition and smoking status of each household member; and (2) where the mother, household members, and the baby (once he or she is born) spend most of their time in the home (during the day and at night) so that you will know where to place the nicotine monitors and where to conduct the Home Safety Observation assessments. First affix the subject ID label and record “Today’s Date.” Question by question specifications for completing the rest of this form are below.

Question Specifications

- 1. Do you currently...Own your own home; Rent your home; Live with someone else who rents the home; Live with someone else who owns the home...**

Circle “1” or “2” if the ownership of the home or lease agreement is in the mother’s name (even if shared with someone else); if the mortgage or lease agreement is not in the mother’s name, circle 3 (if someone else living in the home is renting the home) or 4 (if someone else living in the home owns the home).

- 2. Including yourself, how many people currently live in your household either on a part-time or full-time basis?**

Be sure that the mother includes herself in her answer. After going through the household roster (in Q. 3), you can double check to be sure her original answer matches the number of household members listed in the roster.

- 3. For each person living in your household, I need to know their gender and age, and whether or not they currently smoke cigarettes. Let’s start with you.**

Record information about the mother on the first row, including her name, age, mark her gender, and whether or not she smokes cigarettes inside the home.

Now let’s list other members of the household starting with the oldest.

For each person mentioned by the mother, you will need complete Columns A-E:

Col A. The person’s first name (to serve as a reference point);

Col B. The relationship of the person to the mother (using the relationship codes given below the grid);

Col C. The person’s age in years (if older than one year of age) or months (if less than one year of age);

Col D. The person’s gender (ask this question even if the answer seems obvious based on the person’s name); and

Col E. Whether or not the person smokes cigarettes inside the home. If the mother indicates that a household member lives in the home part of the time, be sure to include that person, regardless of the actual amount of time spent living in the home.

4/4a. Who is the head of household, that is, the person in whose name the home is owned or rented?

Use the Row # in the first column of the household grid to indicate the household member who owns or rents the home. If the home is rented or owned in more than one household member's name, indicate the row number for both (or all) persons in spaces provided. If the person who owns or rents the home does not live in the home, then check the box labeled "Person does not live in household," and ask the mother for the first name of this person and how he or she is related to the mother, using the relationship codes.

Before continuing with Q.5, list all the rooms identified on the *Map of House and Rooms Baseline* form, along with Map Code # that you assigned to the room. Then, using the Room Code # Key, assign a Room Code # to each room. Using the example map shown in *Exhibit III-1*, here is how you would list the first floor:

ROOM	MAP CODE #	ROOM CODE # →	ROOM CODE # KEY	
Living Room	1	04	Baby's room	01
Dining room	2	05	Mother's bedroom	02
Kitchen	3	06	Other bedroom (SPECIFY)	03
Half bath	4	07	Living room/family room	04
			Dining room	05
			Kitchen	06
			Bathroom	07
			Other (SPECIFY)	08

5. In which room do you spend most of your time during the day?
6. In which room do you spend most of your time during the evening or at night, when you are not sleeping?
- †7. In which room do other members of your household spend most of their time during the day?
8. In which room do other members of your household spend most of their time during the evening or night, when they are not sleeping?
- †9. In which room would you say that most cigarette smoking occurs?
- †10. In which room would you say that the 2nd most cigarette smoking occurs?
11. In what other rooms of your house does cigarette smoking typically occur?
- μ†12. After you give birth, where will your baby spend most of his or her time during the day?
- μ13. After you give birth, where will your baby usually take his or her naps?
- μ14. After you give birth, where will your baby usually sleep at night?
- μ15. After you give birth, where will you clean, bathe, or give your baby a bath?
16. What other rooms in your house might your baby spend time?

- †17. Of all the rooms where your baby will spend time, in which room of your house will he or she be most often exposed to cigarette smoking?

For questions 5-17, record the MAP CODE # from the grid that corresponds to the mother's answer.

Questions 9, 10, 11, 12 and 17 (marked with †) are critical for placement of the various types of nicotine monitors samples. Further instructions for placing the nicotine monitors based on the mother's responses and documenting the placement of these monitors are included in *Chapter IV*.

Questions 12, 13, 14 and 15 (marked with μ) are critical for home safety observation. Further instructions for conducting the home safety observation are included in *Chapter VII*.

E. Administering the Nicotine Monitor Placement/Safety Observation Determination Form at Postpartum Home Visit A

During Home Visit A for the postpartum assessments, you will need to take (1) a copy of the *Map of House and Rooms Baseline* form on which has been drawn the mother's house at the Home Visit A baseline assessment, and (2) a blank copy of the *Map of House and Rooms Postpartum* form (included at the end of this chapter), and (3) a blank copy of the *Nicotine Monitor Placement/Safety Observation Determination Postpartum Form* (included at the end of this chapter).

The *Nicotine Monitor Placement/Safety Observation Determination Postpartum* form is administered during the postpartum follow-up home visits A. The purpose of this form is:

- To document any changes in the household composition since the last home visit
- Determine whether or not to draw a new map of the house using the *Map of House and Rooms Postpartum* form, if the mother has moved since the last visit, and
- Reconfirm where the mother, household members, and the baby spend most of their time in the home (during the day and at night)

First, affix the subject ID label, record "Today's Date," and mark the assessment period of this home visit. Question by question specifications for completing this form are below.

Question Specifications

1. **When I last visited your home on [DATE OF LAST HOME VISIT], you told me that |____| number of people lived in your household. Has anyone moved in or out of your household since my last visit?**

When asking this question, give the date of the last home visit. Circle all response codes that apply, since it is possible that people have moved in and have moved out of the household. If the mother indicates that people have moved in, ask Qs 2 and 3. If she indicates that people have moved out, ask Qs 3 and 4. If the mother answers "No," skip to Q.6.

2. How many people moved into your household since (DATE OF LAST HOME VISIT)?

Record the number of people who have moved in since the last home visit. For the 6-week assessment, remind the mother to include her new baby.

3. I need to know their gender and age, and whether or not they currently smoke cigarette. Let's start with the oldest. . .

For each person mentioned by the mother, you will need complete Columns A-E:

- Col A. The person's first name (to serve as a reference point);
- Col B. The relationship of the person to the mother (using the relationship codes given below the grid);
- Col C. The person's age in years (if older than one year of age) or months (if less than one year of age);
- Col D. The person's gender (ask this question even if the answer seems obvious based on the person's name); and
- Col E. Whether or not the person smokes cigarettes inside the home. If the mother indicates that a household member lives in the home part of the time, be sure to include that person, regardless of the actual amount of time spent living in the home.

4. How many people moved out of your household since (DATE OF LAST HOME VISIT)?

Record the number of people who have moved out since the last home visit.

5. I need to know whether or not they smoked cigarettes. Let's start with the oldest. . .

For each person mentioned by the mother, you will need complete Columns A-C:

- Col A. The person's first name (to serve as a reference point);
- Col B. The relationship of the person to the mother (using the relationship codes given below the grid); and
- Col C. Whether or not the person smoked cigarettes inside the home.

6. Including yourself, how many people are currently live in your household, either on a part time or full time basis?

Be sure the mother includes herself and the new baby.

7. IS HOUSE SAME AS LAST VISIT?

Record (do not ask) whether or not this is the same house as the last visit. If it is not, complete the *Map of House and Rooms Postpartum* Form. Then continue to complete this form.

Before continuing with Q.8:

If the woman has moved since the last interview:

List all the rooms identified on the *Map of House and Rooms Postpartum* form, along with Map Code # that you assigned to the room. Then, using the Room Code # Key, assign a Room Code # to each room.

If the woman has not moved since the last interview:

Review *Map of House and Rooms Baseline* form to make sure it still accurately represents the living spaces of the household members and whether their name for each room remains the same. For example a room identified as an extra bedroom during the baseline home visit A, may now be the baby's room. It is important that you review the map and make any necessary changes to the room names so that you can refer to the appropriate room when asking the remaining questions. List all the rooms identified on the map along with Map Code # that you assigned to the room. Then, using the Room Code # Key, assign a Room Code # to each room.

8. In which room do you spend most of your time during the day?
9. In which room do you spend most of your time during the evening or at night, when you are not sleeping?
10. In which room do other members of your household spend most of their time during the day?
11. In which room do other members of your household spend most of their time during the evening or night, when they are not sleeping?
12. In which room would you say that most cigarette smoking occurs?
13. In which room would you say that the 2nd most cigarette smoking occurs?
14. In what other rooms of your house does cigarette smoking typically occur?
15. In which room does (NAME OF BABY) spend most of his or her time during the day?
- 15a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?
16. In which room does (NAME OF BABY) usually take his or her naps?
- 16a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?
17. In which room does (NAME OF BABY) usually sleep at night?
- 17a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?
18. In which room do you clean, bathe, or give (NAME OF BABY) a bath?

- 18a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?**
- 19. What other rooms in your house does (NAME OF BABY) spend time?**
- 19a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in (this/each of these) room(s)?**
- 20. Of all the rooms where (NAME OF BABY) spends time, in which room is (he/she) most often exposed to cigarette smoking?**
- 20a. On a typical day during the past 7 days, about how many hours a day did (he/she) usually spend in this room?**

For questions 8-20, record the MAP CODE # from the grid that corresponds to the mother's answer. Qs 15-20 refer to rooms in which the new baby spends time. In part "a" of each of these questions, record the number of hours per day the baby spent in the room on a typical day during the past 7 days.

INSERT THE FOLLOWING FORMS:

Map of House and Rooms –Baseline

Map of House and Rooms - PP

Nicotine Monitor Placement/Safety Observation Determination Form – Baseline and PP

Nicotine Monitor Placement/Safety Observation Determination Form – PP